

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

697708883
APPLICANT(S)

FILING DATE

11-07-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51		✓				
2		✓					52		✓				
3		✓					53		✓				
4		✓					54		✓				
5		✓					55		✓				
6		✓					56	✓					
7		✓					57	✓					
8		✓					58	✓					
9		✓					59		✓				
10		✓					60	✓					
11		✓					61						
12		✓					62						
13		✓					63						
14		✓					64						
15		✓					65						
16	✓						66						
17	✓						67						
18	✓						68						
19		✓					69						
20	✓						70						
21	✓						71						
22		✓					72						
23		✓					73						
24		✓					74						
25		✓					75						
26		✓					76						
27		✓					77						
28		✓					78						
29		✓					79						
30		✓					80						
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36	✓						86						
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44		✓					94						
45		✓					95						
46		✓					96						
47		✓					97						
48		✓					98						
49		✓					99						
50		✓					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS						

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